

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

LEGPAC

ADDRESS (number and street)

38 Ivy St., SE

☐ Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00385534

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☒ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

04

26

2016

in the  
State of

PA

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

01

01

2016

through

M M M /

D D D /

Y Y Y Y Y Y

04

06

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Harriet Rosen

Signature of Treasurer

Harriet Rosen

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

06

01

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LEGPAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 04 / 06 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		78863.99
(b) Cash on Hand at Beginning of Reporting Period.....	78863.99	
(c) Total Receipts (from Line 19) .....	64293.91	64293.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	143157.90	143157.90
7. Total Disbursements (from Line 31) .....	58122.53	58122.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	85035.37	85035.37
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**LEGPAC**

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2016

To:

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

0.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

64293.91

64293.91

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

64293.91

64293.91

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

64293.91

64293.91

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

64293.91

64293.91

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	17122.53	17122.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	17122.53	17122.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37500.00	37500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2500.00	2500.00
29. Other Disbursements .....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	58122.53	58122.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58122.53	58122.53

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	64293.91	64293.91
34. Total Contribution Refunds (from Line 28(d)) .....	2500.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	61793.91	61793.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	17122.53	17122.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	17122.53	17122.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 19  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LEGPAC**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1350 I St NW  
Ste 870

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00359539

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **31** / **2016**

**Transaction ID : SA11C.6039**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF FAMILY PHYSICIANS POLITICAL ACTION COMMITTEE

Mailing Address 1133 CONNECTICUT AVE NW  
SUITE 1100

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00411553

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **17** / **2016**

**Transaction ID : SA11C.6030**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE ('OPHTHPAC')

Mailing Address 655 Beach Street

City State Zip Code  
San Francisco CA 94109

FEC ID number of contributing  
federal political committee.

**C** C00196246

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **17** / **2016**

**Transaction ID : SA11C.6031**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**LEGPAC**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN PSYCHIATRIC ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1000 Wilson Boulevard  
Suite 1825

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing  
federal political committee.

**C** C00373696

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **17** / **2016**

**Transaction ID : SA11C.6028**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BLUE PAC**

Mailing Address PO BOX 34676

City State Zip Code  
WASHINGTON DC 20043

FEC ID number of contributing  
federal political committee.

**C** C00368480

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **31** / **2016**

**Transaction ID : SA11C.6041**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. COMCAST CORPORATION & NBC UNIVERSAL Political Action Committee**

Mailing Address 1701 JFK BLVD  
49th Floor

City State Zip Code  
Philadelphia PA 19103

FEC ID number of contributing  
federal political committee.

**C** C00248716

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **31** / **2016**

**Transaction ID : SA11C.6040**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LEGPAC**

Full Name (Last, First, Middle Initial)

## **A. DIAGEO NORTH AMERICA, INC. EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE**

Mailing Address 801 MAIN AVENUE

City State Zip Code  
 NORWALK CT 06851

FEC ID number of contributing  
federal political committee.

**C** C00034470

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

793.91

Date of Receipt

**03** / **12** / **2016**

**Transaction ID : SA11C.6097**

Amount of Each Receipt this Period

793.91

☐ Memo Item

In-kind - Food & Beverage for Event

Full Name (Last, First, Middle Initial)

## **B. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**

Mailing Address 1299 Pennsylvania Ave NW  
 Suite 900W

City State Zip Code  
 Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00024869

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **10** / **2016**

**Transaction ID : SA11C.6026**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVE. NW  
 SUITE 500 WEST

City State Zip Code  
 WASHINGTON DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00096156

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**01** / **29** / **2016**

**Transaction ID : SA11C.6021**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6793.91



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**LEGPAC**

**A.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 Seventh St, NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **31** / **2016**

**Transaction ID : SA11C.6035**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
LEAGUE OF CONSERVATION VOTERS ACTION FUND

Mailing Address 1920 L ST NW SUITE 800

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00252940

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **10** / **2016**

**Transaction ID : SA11C.6027**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A

Mailing Address 1095 AVENUE OF THE AMERICAS

City State Zip Code  
NEW YORK NY 10036

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **31** / **2016**

**Transaction ID : SA11C.6038**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

12500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**LEGPAC**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Mailing Address 1325 Massachusetts Ave. NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00238725

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **31** / **2016**

**Transaction ID : SA11C.6036**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

## **B. NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1875 I STREET, NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing  
federal political committee.

**C** C00303339

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**02** / **08** / **2016**

**Transaction ID : SA11C.6022**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

## **C. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE**

Mailing Address 1125 Executive Circle

City State Zip Code  
Irving TX 75038

FEC ID number of contributing  
federal political committee.

**C** C00140061

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **24** / **2016**

**Transaction ID : SA11C.6032**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 19

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NAME OF COMMITTEE (In Full)

**LEGPAC**

**A.** Full Name (Last, First, Middle Initial)  
OFFICE OF THE COMMISSIONER OF MAJOR LEAGUE BASEBALL POLITICAL ACTION COMMITTEE

Mailing Address 1050 CONNECTICUT AVE NW STE 1100

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00368142

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **24** / **2016**

**Transaction ID : SA11C.6033**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Mailing Address 317 Massachusetts Avenue, NE  
1st Floor

City State Zip Code  
Washington DC 20002

FEC ID number of contributing  
federal political committee.

**C** C00343137

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **17** / **2016**

**Transaction ID : SA11C.6029**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
TELECOMMUNICATION SYSTEMS INC. POLITICAL ACTION COMMITTEE

Mailing Address 275 WEST STREET  
SUITE 400

City State Zip Code  
ANNAPOLIS MD 21401

FEC ID number of contributing  
federal political committee.

**C** C00478800

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**02** / **19** / **2016**

**Transaction ID : SA11C.6023**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

11000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 19

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NAME OF COMMITTEE (In Full)

**LEGPAC**

Full Name (Last, First, Middle Initial)

## **A. UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE**

Mailing Address 55 Glenlake Parkway N.E.

City State Zip Code  
 Atlanta GA 30328

FEC ID number of contributing  
federal political committee.

**C** C00064766

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

**02** / **19** / **2016**

**Transaction ID : SA11C.6025**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. VANTAGE PAC CORPORATION**

Mailing Address 1500 ROSECRANS AVENUE  
 SUITE 400

City State Zip Code  
 MANHATTAN BEACH CA 90266

FEC ID number of contributing  
federal political committee.

**C** C00465583

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **31** / **2016**

**Transaction ID : SA11C.6037**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**02** / **19** / **2016**

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

8500.00

**TOTAL** This Period (last page this line number only)..... ►

64293.91

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 19

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**LEGPAC**

Full Name (Last, First, Middle Initial)

**A. Citi Card**

Mailing Address P.O. Box 182003

City Columbus    State OH    Zip Code 43218

Purpose of Disbursement  
Credit Card Payment-See Itemization Below

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03    24    2016
**Transaction ID : SB21B.6058**

Amount of Each Disbursement this Period

819.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address P.O. Box 36647

City Dallas    State TX    Zip Code 75235

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03    24    2016
**Transaction ID : SB21B.6058.0**

Amount of Each Disbursement this Period

528.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DIAGEO NORTH AMERICA, INC. EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE**

Mailing Address 801 MAIN AVENUE

City NORWALK    State CT    Zip Code 06851

Purpose of Disbursement  
In-kind - Food & Beverage for Event

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03    12    2016
**Transaction ID : SB21B.6098**

Amount of Each Disbursement this Period

793.91

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1612.94

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

# LEGPAC

**A. Erickson & Co.**

Mailing Address 38 Ivy St., SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement	
Fundraising Consulting Services	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.6043

Amount of Each Disbursement this Period

2000.00

 Memo Item

Full Name (Last, First, Middle Initial)

**B. Erickson & Co.**

Mailing Address 38 Ivy St., SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.6050

Amount of Each Disbursement this Period

1956.29

Memo Item

Full Name (Last, First, Middle Initial)

**C. Erickson & Co.**

Mailing Address 38 Ivy St., SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.6059

Amount of Each Disbursement this Period

11232.85

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

15189.14

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEGPAC**

Full Name (Last, First, Middle Initial)

**A. Evans & Katz LLC**

Mailing Address PO Box 75357

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2016

**Transaction ID : SB21B.6049**

Amount of Each Disbursement this Period

218.45
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Evans & Katz LLC**

Mailing Address PO Box 75357

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2016

**Transaction ID : SB21B.6054**

Amount of Each Disbursement this Period

34.00
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Evans & Katz LLC**

Mailing Address PO Box 75357

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2016

**Transaction ID : SB21B.6061**

Amount of Each Disbursement this Period

34.00
-------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

286.45
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17088.53
----------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEGPAC**

Full Name (Last, First, Middle Initial)

**A. BENNET FOR COLORADO**

Mailing Address PO BOX 3078

City  
DENVERState  
COZip Code  
80201Purpose of Disbursement  
Contribution

Candidate Name

**MICHAEL F BENNET**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

**Transaction ID : SB23.6060**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CATHERINE CORTEZ MASTO FOR SENATE**

Mailing Address 8020 SOUTH RAINBOW BLVD #100-112

City  
LAS VEGASState  
NVZip Code  
89139Purpose of Disbursement  
Contribution

Candidate Name

**CATHERINE CORTEZ MASTO**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2016

**Transaction ID : SB23.6055**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DSCC**

Mailing Address 120 MARYLAND AVE NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2016

**Transaction ID : SB23.6051**

Amount of Each Disbursement this Period

15000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

22500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEGPAC**

Full Name (Last, First, Middle Initial)

**A. KATIE MCGINTY FOR SENATE**

Mailing Address PO BOX 22447

City	State	Zip Code
PHILADELPHIA	PA	19110

Purpose of Disbursement  
Contribution

Candidate Name

**KATHLEEN ALANA MCGINTY**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2016

**Transaction ID : SB23.6045**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. O'MALLEY FOR PRESIDENT**

Mailing Address 1501 ST PAUL STREET SUITE 114

City	State	Zip Code
BALTIMORE	MD	21202

Purpose of Disbursement  
Contribution

Candidate Name

**MARTIN JOSEPH O'MALLEY**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District: Other

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2016

**Transaction ID : SB23.6062**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RUSS FOR WISCONSIN**

Mailing Address PO BOX 620061

City	State	Zip Code
MIDDLETON	WI	53562

Purpose of Disbursement  
Contribution

Candidate Name

**RUSSELL D FEINGOLD**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2016

**Transaction ID : SB23.6052**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00
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37500.00
----------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEGPAC**

Full Name (Last, First, Middle Initial)

**A. RAYTHEON COMPANY POLITICAL ACTION COMMITTEE**Mailing Address 1100 WILSON BLVD  
SUITE 1500

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
Refund of 12/15/2015 Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2016

**Transaction ID : SB28C.6044**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00
---------

2500.00
---------

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## LEGPAC

### A. Friends of Dea Thomas

Mailing Address P.O. Box 6311

City	State	Zip Code
Baltimore	MD	21230

Purpose of Disbursement	Non-Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB29.6065

Amount of Each Disbursement this Period

1000.00

 Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has 10 evenly spaced vertical hangers. The bottom beam has 10 evenly spaced vertical hangers. The left and right vertical supports are shown as thick vertical lines. The interior of the frame is white.

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

1000.00

**TOTAL** This Period (last page this line number only).....

1000.00